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Bib Data Sheet

SERIAL NUMBER 10/788,945	FILING OR 371(c) DATE 02/25/2004 RULE	CLASS 604	GROUP ART UNIT 3763	ATTORNEY DOCKET NO. 10927.261.1
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APPLICANTS

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**** CONTINUING DATA *******

This application is a CON of 10/141,550 05/06/2002 PAT 6,800,069

*(S)***** FOREIGN APPLICATIONS ********None (S).***IF REQUIRED, FOREIGN FILING LICENSE GRANTED****** 05/19/2004**

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after
Verified and Acknowledged	<i>Cathie S. Wilcox - Cew.</i> Examiner's Signature Initials
STATE OR COUNTRY	UT
SHEETS DRAWING	7
TOTAL CLAIMS	<i>29</i> 2
INDEPENDENT CLAIMS	<i>#2</i>

ADDRESS

022913

TITLE

Modularized infusion pump apparatus

FILING FEE RECEIVED 1018	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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